

SERIAL NO. 10/130,411	FILING DATE
APPLICANT(S)	

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-975)

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
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46	1											
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48	2											
49	2											
50	1											
TOTAL IND.		1										
TOTAL DEP.			1									
TOTAL CLAIMS												